certain. But it has appeared to me that, considering the almost hopeless nature of some of these lesions, the proof that a puncture may be made into the lung-tissue and remedial agents brought into direct contact with the seat of disease without any serious danger, calls for a patient trial of it.

Dr. **James H. Hutchinson** (*Phil. Med. Times*, May 30, 1874) cites a number of authors to prove that the above suggestions are not novel, and believes that the operation is not one which is likely to result in good to the patient. In the first place, the presumption in regard to its usefulness is against an operation which, after having enjoyed a brief popularity during at least three or four different periods, has been so utterly forgotten that it has been as many times proposed as entirely new, and is certainly against one in which the opportunities for performing it would be so frequent as they are in this. The quotations which we have introduced above demonstrate with sufficient clearness that the lung may in many instances be laid bare and punctured without apparent injury to the patient. We are inclined to think that this is by no means uniformly the case. In one of the cases reported by Dr. Pepper a slight hemorrhage followed the introduction of the aspirator; and the same accident occurred in the operations done by Dr. Mosler and Dr. Hastings. We are, moreover, very strongly convinced of the fallacy of the argument that, because punctured wounds of the lungs in healthy individuals generally do well, their infliction upon consumptives is not likely to be followed by bad results. Niemeyer—we believe (for we quote him at second hand)—goes so far as to say that the inflammation excited by wounds of the lungs usually terminates in phthisis; but, admitting that this distinguished physician may push his conclusions as to the nature and origin of this disease to an unwarrantable length, there are certain differences in the anatomy of the lung in health and disease which ought not to be overlooked. Caseous degeneration is not the only change which is observed in phthisis. There is in addition to this, in most cases, a development of connective tissue, the effect of which will be to enlarge and keep open the wound made by the aspirator or trocar, and thus to allow the escape of the contents of the cavity into the pleural sac whenever this is not prevented by firm adhesion; and that cavities are not always protected by adhesions is shown by the occasional occurrence of pneumo-thorax from their rupture. Moreover, the opinion that injections may be of service in the treatment of phthisis rests, we think, upon a mistaken therapeutic basis. In certain conditions of the serous membranes these are unquestionably useful by exciting inflammation; but a little reflection will convince any one who has abandoned in whole or in part the theory which makes phthisis the result of tubercular deposit that this is the very last thing to be desired in this disease. The object aimed at in the management of phthisis, and especially in those local cases in which Dr. Pepper thinks the injections are most likely to be useful, is to allay inflammatory action, not to excite it. We therefore are unable to see how they can be productive of any good; on the contrary, if they light up an inflammatory process in the walls of the cavity, this will be very likely to extend to the circumjacent tissue, and thus the disease, which may have been previously held in abeyance, be roused into activity.

In conclusion, we have only to add that we never condemn a plan of treatment on purely theoretical grounds, and will gladly adopt the one under consideration if the result of further experiments shall convince us of the incorrectness of the unfavourable opinion we have formed of it. In the mean time, however, we shall remain in full accord with Dr. Hughes Bennett,[1] who thinks that the result of all operative interference in phthisis has been "what an intelligent consideration of the pathology of the disease might have anticipated—a uniform failure."

26. *Employment of Bromide of Potassium as an Auxiliary in the Treatment of Intermittent Fevers.*—Dr. **Vallin** does not question the general efficacy of quinia in the treatment of intermittent fevers, but he observes that there are some rare cases where, in spite of the judicious and prolonged use of this alka-

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[1] Reynold's System of Medicine, vol. iii. p. 589.

loid, the malady continues, and in such circumstances the bromide of potassium appears to be beneficial as a subordinate agent. A case seen by Dr. Vallin in the hospital of Batna, in Algeria, first drew his attention to the subject. A patient suffering from ague had been treated in vain by the sulphate of quinia, given by the mouth, in injections, and hypodermically; notwithstanding these and other similar measures the disease returned every morning at the same time and with great and extraordinary violence. Dr. Vallin was therefore induced to ask himself whether in such a case there was not an unusual complication of disorder of the nervous system together with the ordinary paludal cachexia, and hence he thought of employing the bromide of potassium, which appears to have the power of allaying spinal irritation, and is therefore used in epileptic and other kindred affections. At the end of three days after employing the bromide the fever disappeared for the first time for three weeks and did not reappear for a week. In six other cases he employed the same remedy, with results somewhat different, but generally satisfactory. He thinks that the bromide probably acts less against the periodicity of the fever than against some concomitant disorder of the cerebro-spinal functions; that perhaps an exaggerated sensibility of the spinal cord or some nervous exhaustion may favour the return of the paroxysms; and that the bromide may in such cases, by calming the nervous excitement, assist the action of the quinia. Whatever may be the explanation, the results were satisfactory in several cases which are recorded by Dr. Vallin; four were instances where the treatment was certainly beneficial, but in two others the results were doubtful, and in three more the treatment failed altogether. In an additional case mentioned, a ward attendant, who had suffered previously from attacks of fever, and subsequently had an attack of neuralgia which resisted quinia and hypodermic injections of morphia, was relieved most materially by the use of the bromide of potassium in large doses, which not only seemed to cut short some of the paroxysms, but to render others more supportable, and to allow the renewed use of the sulphate of quinia and thus complete the cure.—*Brit. and For. Med.-Chir. Rev.*, April, 1874, from *Bull. Gén. de Thérap.*, Nov. 30, 1873.

27. *Carbolic Acid in Intermittent Fever.*—Surgeon McNally states (*Indian Med. Gaz.*, April 1, 1874) that he made trial of carbolic acid in the treatment of uncomplicated intermittent fever during an extensive prevalence of this disease in the 3d Regiment, at Secunderabad. "These trials," he says, "prove at least that carbolic acid is much inferior to any of the other remedies employed. It is now my belief that this medicine is of *no value whatever in the treatment of intermittent fever*, and that the patients would have got well as soon with the usual aid of a purgative, rest, and a blanket. In some cases (not recorded) a few doses of quinia or of quinidia were sufficient for cure after the marked failure of carbolic acid. I am not in a position to speak positively with regard to the reputed diaphoretic action of carbolic acid, but I think it is very doubtful. Abundant diaphoresis certainly did occur in the patients who were taking it, but also occurred in the patients who were not. Irritability of stomach was a common accompaniment of the fever which prevailed in this corps during the past year; and, contrary to what might be expected, carbolic acid did not seem to alleviate it in any case. These observations are, I think, sufficient to establish that carbolic acid cannot be relied upon in the general treatment of ague, and that its value in any case is, to say the least, exceedingly problematical."

28. *Hypodermic Injection of Carbolic Acid in Erysipelas.*—Dr. Aufrecht, of Magdeburg, having last year lost four patients of advanced age who were attacked by erysipelas of the extremities after injury, determined to try the effect of carbolic acid, and in a short paper in the *Centralblatt* for February 21, he communicates the results which he obtained in two cases. If (he observes) it be true that erysipelas in such cases as these arises from the penetration of organisms into the subcutaneous tissue, and their multiplication there, and if carbolic acid possess the power of destroying such organisms or of impeding their injurious influence, this substance should be able to prevent the